The Committee Meeting Summary of Proceedings (meeting minutes) is prepared by the Legislative Service Office (LSO) and is the official record of the proceedings of a legislative committee meeting. This document does not represent a transcript of the meeting; it is a digest of the meeting and provides a record of official actions taken by the Committee. All meeting materials and handouts provided to the Committee by the Legislative Service Office, public officials, lobbyists, and the public are on file at the Legislative Service Office and are part of the official record of the meeting. An index of these materials is provided at the end of this document and these materials are on file at the Legislative Service Office. For more information or to review meeting materials, please contact the Legislative Service Office at (307) 777-7881 or by e-mail at lso@wyoleg.gov. The Summary of Proceedings for each legislative committee meeting can be found on the Wyoming Legislature’s website at www.wyoleg.gov.
EXECUTIVE SUMMARY
The Committee met for three days in Cheyenne. During the meeting, the Committee heard testimony from the Department of Health and others concerning the EMS interstate licensure compact, the Employment First Policy, the DD Preschool program, the CHIP program, the multipayer claims database and state administered health insurance study, healthcare provider reimbursement rebasing, the Department of Health Facilities Task Force, the Joint Subcommittee on Title 25 Issues, the UW Family Medicine Residency study, as well as telehealth and insurance parity. The Committee also heard testimony from the Department of Family Services about statutory cleanup requests and welfare program qualification requirements that affect participant wage increases. The Wyoming Military Department discussed Medicaid benefits for military members. The Department of Workforce Services discussed Worker’s Compensation rate setting and unemployment insurance statutory changes. The Department of Insurance discussed the future of the Affordable Care Act. On the third day, the Committee and others participated in an education session presented by the National State Conference of Legislators.

CALL TO ORDER AND APPROVAL OF MINUTES (DECEMBER 12, 2016)
Cochairman Harvey called the meeting to order at 9:00 a.m. The Committee voted to approve its August 25-26, 2016 meeting minutes. The following sections summarize the Committee proceedings by topic. Please refer to Appendix 2 to review the meeting agenda.

EMS LICENSURE COMPACT
The Committee reviewed 17LSO-267-EMS licensure-interstate compact. See Appendix 3 and Appendix 4, and Appendix 5. Ian Shaw, LSO Legal Division Administrator, and Jackson Engels, Wyoming Attorney General’s Office, discussed concerns with the compact language. There is existing precedent to support the EMS licensure compact, in that the language in the bill is similar to language in the Nurse Licensure Compact enacted in the 2016 legislative session.

The Committee discussed concerns about the education and professional standards for EMS professionals in Wyoming. Andy Gienapp, Emergency Medical Services, testified that although the compact includes national requirements, the State would retain the ability to set the specific education and professional standards, including the scope of practice or use of new technologies, for EMS professionals in Wyoming. The Committee also questioned Wyoming’s financial obligation to the compact commission.

The discussion was open for public comment. Eric Boley, Wyoming Hospital Association, testified that several meetings were held around the state and other stakeholders did express their support for the compact.
Representative Kasperik moved to have the Committee sponsor 17LSO-267-EMS licensure-interstate compact. The motion was seconded by Representative Wilson. The motion passed on a roll call vote, all members voting in favor of the motion, with the following amendments:

Page 11-line 20  After "§731.202" insert "or subsequent similar federal legislation".

Page 50-line 16  Delete "33-26-301(a),".

Page 51-lines 12 through 23  Delete.

Page 53-line 15  Delete "biennium" insert "biennial".

**DEPARTMENT OF FAMILY SERVICES STATUTORY CLEANUP REQUESTS**

Director Steve Corsi, Rachel Campbell, Roxanne O’Conner, and Brenda Lyttle, Department of Family Services (“DFS”), presented 17LSO-111-DFS statutory amendments and provided the Committee with additional explanation for specific provisions. See Appendix 6 and Appendix 7.

Ms. Campbell noted that the Attorney General’s Office felt the purpose of the Central Registry statute was to balance between protecting the public and the rights of alleged perpetrators and therefore, the language on Page 3-lines 30-32 should be removed. The Committee discussed the recommendation and Ms. Campbell provided a description of the Central Registry, including a review of its purpose and existing requirements when communicating with alleged perpetrators. The Committee requested that DFS provide more information regarding the burial benefits expenditures, specifically looking at the amount counties would be responsible for under the proposed statutory change.

Representative Barlow moved to have the Committee sponsor 17LSO-111-Department of family services-statutory amendments. The motion was seconded by Representative Kasperik. The motion passed on a roll call vote, all members voting in favor of the motion, with the following amendments:

Page 2-line 12  Delete "14-3-213(e)".

Page 2-line 18  After "42-2-501(c)(intro)" insert "and by creating a new subsection (g)".

Page 2 lines 21 through 27  Delete.

Page 3-lines 1 through 32  Delete.

Page 4-line 36  After "employer" insert "or entity".

Page 5-lines 1 and 2  Reinsert stricken, new language "in the course of their employment or volunteer service".

Page 8-line 9  Delete line after "registry.".

Page 8-lines 10 through 12  Delete.

Page 10-line 32  After "employer" insert "or entity".
Page 10-lines 33 and 34  Reinsert stricken, new language "in the course of their employment or volunteer service".

Page 14-line 18  Delete and insert "(F) Child care program;".

Page 18-line 4  Delete new language reinsert stricken language.

Page 18-lines 6 and 7  Delete.

Page 18-after line 21  Insert: 
"(g) To the extent the department encounters an individual enrolled in Medicaid who the department has reason to believe is not eligible for Medicaid, the department shall inform the individual and the department of health Medicaid division of the reasons the department does not believe the individual is eligible."

No public comment was provided on the bill.

WELFARE PROGRAM QUALIFICATION REQUIREMENTS THAT DISCOURAGE / ENCOURAGE PARTICIPANT WAGE INCREASES

After some additional research, Director Corsi, Department of Family Services, determined that legislation would not be necessary at this time to address the Committee’s fiscal cliff concerns. Instead, DFS plans to work with several stakeholders to begin development of a pilot program directed at assisting clients to attain financial self-sufficiency. Director Corsi noted that the next meeting to discuss the pilot program will be January 6, 2017.

MILITARY DEPARTMENT – DD WAIVER WAITING LIST – MILITARY PERSONNEL

Major General K. Luke Reiner, Wyoming Military Department, provided an update regarding the ongoing efforts of the Wyoming Air and Army Guard. General Reiner then presented information related to the Medicaid developmental disability support waiver for transitional special needs military family members who participate in the Exceptional Family Member Program (“EFMP”). See Appendix 8. Currently, twenty-three states have remedies for qualifying EFMP families. See Appendix 9.

The Committee discussed 17LSO-128-Medicaid waiver program-military personnel. See Appendix 10. While the Department of Health and Wyoming Military Department do not have a specific count, the number of qualifying military families affected is anticipated to be small. According to General Reiner, currently there are zero members currently on the developmental disability waiver. Joe Simpson, Department of Health, provided updated developmental disability waiver statistics and answered Committee questions about the program. Mr. Simpson noted that the time individuals are on the waitlist is not set in rules or statute. Lee Grossman, Department of Health, testified that the a waiver amendment would need to be filed with the Centers for Medicare and Medicaid Services (“CMS”). Mr. Grossman noted that including public comment, it could take three to six months for implementation of the waiver.

Cochairman Scott moved to have the Committee sponsor 17LSO-128-Medicaid waiver program-military personnel. The motion was seconded by Senator Peterson. The motion passed on a roll call vote, all members voting in favor of the motion, except Representatives Swartz and Wilson who voted no. The Committee adopted the following amendments:

Page 3-line 20  Delete "is" insert "and the military service member are".
The topic was opened to public testimony. The Friends of the Wyoming Life Resource Center provided written testimony supporting the draft legislation. See Appendix 11.

**DEPARTMENT OF HEALTH UPDATES**

**LEGISLATIVE REPORT: EMPLOYMENT FIRST POLICY**

Mr. Simpson, Department of Health, provided a summary and update of the annual Employment First Policy report. See Appendix 12. Mr. Simpson testified that the report included information about the requirements for different stakeholders and associated indicators of success. Chris Newman, Department of Health, noted that although they are in charge of strategic planning, implementation of the policy is a team effort that involves several stakeholders. Cochairman Scott stated that based on the indicators provided, unless there is improvement in the next report, then the Committee will need to re-evaluate the issue.

**LEGISLATIVE REPORT: DEVELOPMENTAL DISABILITY PRESCHOOL PROGRAM**

Mr. Simpson and Kathy Escobedo, Department of Health, provided a summary of the annual Developmental Disability Preschool Program report. See Appendix 13 and Appendix 14. The Committee discussed if the lower salaries lead to turnover among professionals working with the preschool program. Mr. Simpson indicated that he was unsure as the data varied from region to region. The Committee discussed a need for other objective indicators of success that may provide a better measure for what the program is accomplishing.

**BUDGET CUTS - UPDATE**

Director of the Department of Health, Tom Forslund, provided an update of the 2017-2018 biennium budget. See Appendix 15. The Department is currently working to mitigate the impact of the federal match reductions. Director Forslund stated that the Department’s supplemental budget request includes a $20.1 million contingent appropriation to address Title 25 costs. However, Director Forslund testified that preliminary data suggests that Title 25 costs have declined this biennium. While reasons for this decline are unclear, Director Forslund stated that it may be attributable, in part, to the implementation of a new Chart B reporting system for Title 25 designated hospitals.

**CHILD HEALTH INSURANCE PROGRAM**

Terry Green, Jerry Laska, and Jan Stall, Department of Health, presented 17LSO-275-CHIP-program amendments. See Appendix 16. The purpose of the bill is to comply with a recent CMS rule that requires home care service in a managed care format to be provided to the same extent as required by Medicaid.

Cochairman Scott moved to have the Committee sponsor 17LSO-275-CHIP-program amendments. The motion was seconded by Senator Peterson. The motion passed on a roll call vote, all members voting in favor of the motion, with the following amendments:

Page 3-line 7 Delete "to the same extent".

Page 3-line 8 Delete.
The topic was opened to public comment. Wendy Curran, Vice President for Care Delivery with Blue Cross Blue Shield of Wyoming, testified that they have always held the CHIP program contract and they are ready to comply with the new federal requirement. However, Ms. Curran noted that they were confused by the language “to the same extent required in Wyoming Medicaid programs.”

**Multipayer Claims Database/State Administered Health Insurance**

Director Forslund and Franz Fuchs, Department of Health, provided a summary of the final report related to the multipayer claims database and state administered health insurance study. See Appendix 4 and Appendix 17. Mr. Fuchs indicated that preliminary results from the Wyoming Super-Utilizer Program should be available or review in July or August 2017. Director Forslund noted that unless directed to do more by the Legislature, the Department has completed its study of this topic.

**Meeting Recess**

The Committee recessed at 5:45 p.m.

**Call to Order (December 13, 2016)**

Cochairman Scott called the meeting to order at 8:00 a.m.

**Department of Health Updates (continued)**

**DD Provider Reimbursement Rebasing – Update on Progress**

Chris Newman and Shirley Pratt, Department of Health, presented an update about developmental disabilities (“DD”) rebasing. See Appendix 4. Currently, the Department contracts with over 600 providers, individuals and organizations, to deliver services statewide. Ms. Newman explained that the Department has chosen to delay rebasing until an unrelated, but required, transition plan is approved by CMS. However, subsequent discussions with CMS have revealed that the Department can proceed with a waiver amendment.

The Committee questioned if retroactive reimbursements will help alleviate provider concerns. Ms. Newman indicated that she believes the rebasing is a temporary solution and more funding will be required to adequately assist providers. The Committee discussed the rate comparators and Ms. Pratt clarified that rebasing is challenging because there is no defined rate for the services the providers deliver.

The topic was open to public comment. Shawn Griffin, Community Entry Services, testified that while he appreciates delaying the cost rebasing to obtain more accurate data, he believes that years of inadequate funding has contributed to the real financial crisis providers are currently facing. Mr. Griffin stated that providers offer cost-effective and quality care to their clients, but cannot continue to do so safely without making some tough decisions, such as no longer offering employees health insurance. Mr. Griffin asked the Legislature to consider finding funds to assist providers until the cost rebasing studies are complete.

Chris Boston, NOWCAP Services, testified that his business provides services to adults and children with disabilities and discussed the state of services in Wyoming. Mr. Boston noted that legislation designed to serve more people was passed, but he did not support those efforts because there was not proper funding allocated to support the new participants. Mr. Boston asserted that the result has been that people currently on the waivers have been harmed, the providers have been harmed, the system is ruined, and Wyoming’s DD program is ranked 43rd in the nation. While Mr. Boston conceded that while improvements have been made, those have come as a result of trials and errors and at other unknown costs. For example, since
2014, NOWCAP Services has lost $1 million. Mr. Boston advocated for the Legislature and Governor to provide regulatory and financial relief by reducing non-essential services to help providers. Lauren McKinney, Magic City Enterprises, testified that while she is supportive of the length of time for the rebasing, providers are in serious need of support. Ms. McKinney stated that she does appreciate the Partnership Committee, which was established by the Department to work with stakeholders. Ms. McKinney stated that based on some information requested by Chairman Scott, for FY2016, cumulatively, eight providers lost $3.5 million and losses for FY2017 so far are $1.2 million. Ms. McKinney noted that her organization is having financial difficulties because of the rebasing delays.

Jeff Gardner, Wyoming Community Service Providers, stated he appreciates the State’s financial situation and wants to mention the work the Department has done, especially with placing importance on stakeholder relationships and input.

Prevention Management Organization – Update on Program
Dr. Wendy Braun, Department of Health, provided an update about the various prevention services in Wyoming. Dr. Braun stated that Tobacco Settlement, federal, and state funds are allocated to assist local communities with their prevention needs and efforts. Currently, the Prevention Management Organization contracts with the State to provide community substance abuse/alcohol and suicide prevention programs in communities statewide. Dr. Braun stated that starting July 1, 2017, instead of one contract to provide all prevention services, the Department will have three separate contracts with smaller, defined scopes (e.g. technical assistance). The change is intended to increase competition.

Keith Hotle, CEO of the Prevention Management Organization of Wyoming, addressed Committee questions and stated that all administrative costs are limited to 10% and the remainder of the contracted funds are disbursed to communities to support local prevention programs.

Department of Health Facilities Task Force
Representative Larsen, Cochairman of the Department of Health Facilities Task Force, Director Forslund, and Korin Schmidt, Department of Health, provided a summary of the Task Force Interim report. See Appendix 18. The Task Force has met fourteen times during the interim and has held several working groups to ensure that staff, stakeholders, and families have been involved in the design process to provide new facilities at the Wyoming Life Resource Center (“WLRC”) and State Hospital. Representative Larsen described the current project design, which will have 92 beds at the State Hospital and 110 beds at the WLRC. Throughout the process the Task Force has submitted recommendations to the State Construction Department and received Governor approval for all contracting, which followed a competitive process. The State Building Commission has been kept informed of the project progress and contracting. Additionally, the Task Force has been diligent in keeping the costs at budget and is currently working with Evanston to determine if they would like to keep the historic buildings located on the State Hospital campus. Representative Larsen stated that the project was on schedule, allowing the Task Force to approach the Legislature this year to authorize funding for construction at both facilities.

Representative Larsen and Director Forslund explained the challenges if only one facility is constructed. The Committee discussed the design and capacity of both facilities and Director Forslund stated that the plan is to use both facilities to manage client populations. The Committee questioned the deficiencies raised by Protection and Advocacy. Director Forslund noted that those issues have been resolved, but the Department is still addressing the high staff turnover and salary concerns.
Representative Larsen presented 17LSO-217-Healthcare facilities licensing and bed count limit-exemption. See Attachment 19. During the interim, the Department of Health informed the Task Force that some of its facilities had unintentionally been exempted from state licensing requirements. The bill eliminates the unintended exemption.

Representative Barlow moved to have the Committee sponsor 17LSO-217-Healthcare facility licensing and bed count limit-exemption. The motion was seconded by Representative Dayton. The motion passed on a roll call vote, all members voting in favor of the motion. The bill was not amended by the Committee. No public comment was provided on the bill.

**JOINT SUBCOMMITTEE ON TITLE 25 ISSUES AND TITLE 7 UPDATE**

Senator Peterson, Representative Barlow, Stephan Johansson and Carol Day, Department of Health, presented a summary of the Title 25 Task Force interim activities and discussed whether the Task Force should continue to focus on Title 25 or consider broader issues like mental health. Mr. Johansson presented an updated on the implementation of 2016 Senate File 58, which created the gatekeeper pilot program, made changes to payments, improved convalescence leave options, and created directed outpatient treatment. See Appendix 20. Mr. Johansson also provided an update about the implementation of the Chart B billing system at designated hospitals, which uses the Medicaid billing process for non-Medicaid clients. The Department anticipates having better data from the Chart B system next year.

Mr. Johansson presented a statutory conflict related to Directed Outpatient Commitment costs, citing that if a court issues a commitment to a non-Department of Health provider, then payment to that entity is complicated. See Appendix 21. Cochairman Scott advised the Department to find a private sponsor for a corrective bill given that the Committee will not meet again this interim.

Ms. Day provided a summary of a federal grant awarded to the Department of Health. The grant totals $3.7 million over four years and will be used to support assisted outpatient treatment, including the development of processes and evidence based services.

**17LSO-196-TITLE 25 PAYMENT OBLIGATIONS-FEDERAL ENTITIES.**

The Committee discussed 17LSO-196-Titel 25 payment obligations-federal entities. See Appendix 22. Representative Kasperik moved to have the Committee sponsor 17LSO-196-Titel 25 payment obligations-federal entities. The motion was seconded by Representative Baldwin. The motion passed on a roll call vote, all present members voting in favor of the motion. Representative Larsen and Senator Driskill were absent for the vote, but were excused by the chairmen. Senator Driskill voted in favor of the motion via a written absentee vote left with the chairmen. The bill was not amended by the Committee.

**17LSO-195-COMMUNITY MENTAL HEALTH-PAYMENT REFORM.**

The Committee discussed 17LSO-195-Community Mental Health-Payment Reform. See Appendix 23. Mr. Johansson stated that the purpose of payment reform is to dedicate funds for the treatment of a targeted population. Director Forslund explained that because resources are limited, payment reform would be a philosophical shift from a system that provides open access to mental health and substance abuse treatment services statewide to a system designed to address the treatment and needs of prioritized populations in their communities.

Senator Boner moved to have the Committee sponsor 17LSO-195-Community mental health-payment reform. The motion was seconded by Representative Wilson. The motion failed on a roll call vote, all
present members voting against the motion except Senator Boner who voted yes. Representative Larsen and Senator Driskill were absent for the vote, but were excused by the chairmen. Senator Driskill voted against the motion via a written absentee vote left with the chairmen.

During public comment, Erin Johnson and Bob Hartley, Wyoming Association of Mental Health and Substance Abuse Centers (“WAMHSAC”), stated that while they are willing to participate in discussions with the Department, the current payment reform proposal would likely bankrupt providers.

**TITLE 7 UPDATE**

Representative Barlow provided a brief update regarding Title 7 concerns as related to the State Hospital and the work of both the Joint Subcommittee on Title 25 Issues and the Department of Health Facilities Task Force. Title 7 regulates psychiatric evaluations of criminal defendants.

**UNIVERSITY OF WYOMING FAMILY MEDICINE RESIDENCY PROGRAM**

Representative Wilson, Meredith Asay, University of Wyoming, and Franz Fuchs, Department of Health, presented the final report for the University Family Medicine Residency program study. See Appendix 4. Ms. Asay provided a brief background and history of medical education in Wyoming, including a review of the UW Family Medicine Residency program. Mr. Fuchs provided a summary of the report findings consistent with the information found in Appendix 24.

The topic was opened for public comment. Ann Rochelle, former UW Trustee and Board of Residency Program, testified to the importance of having both the WAMMI program and the Residency program for Wyoming, stating that one program would not be sufficient. Ms. Rochelle referenced two maps that show the location of all WAMMI and Residency program physicians in the State, which demonstrates that both programs are necessary. Ms. Rochelle also testified that it is time for the State to consider looking at federal Graduate Medical Education (“GME”) funding.

Sheila Bush, Wyoming Medical Society, testified that her association would be happy to serve as a resource for the Committee. She discussed the financial and economic benefits of physicians in Wyoming and explained that the training a physician receives during their residency influences their practice.

Phyllis Sherard, Cheyenne Regional Medical Center, confirmed that the hospital is supportive of the Residency program and it is important. Ms. Sherard indicated that she wanted the University of Wyoming to know that Cheyenne Regional Medical Center is interested in being a teaching health center.

**DEPARTMENT OF WORKFORCE SERVICES**

John Ysebaert, Department of Workforce Services, provided an overview of the rate setting process for worker’s compensation and the base rate legislative report. See Appendix 25, Appendix 26, and Appendix 27. Mr. Ysebaert explained that rate setting has two components, 1) the 144 industry rates that vary from year to year, and 2) the Experience Modification Rating (“EMR”). Unlike other states that use the National Council on Compensation Insurance (“NCCI”) system, Wyoming uses the North American Industry Classification System (“NAICS”), which is an economic classification system and has broad categories that do not provide granular data about specific professions. Mr. Ysebaert explained how workers compensation is administered, including a brief summary of how funds are distributed. Mr. Ysebaert addressed Committee questions about pharmacy complaints by explaining the process of using alternative pain management to control medical costs.
Mr. Ysebaert also provided an update about OSHA Consultation. See Appendix 28. The Department reduced the OSHA inspectors to the federally-required minimum and used the funds to hire nine new safety consultants. These changes have significantly increased training and surveys in Wyoming.

17LSO-344-UNEMPLOYMENT INSURANCE-ELECTRONIC COMMUNICATIONS.

James Reed and Tobi Cates, Department of Workforce Services, presented 17LSO-344-Unemployment insurance-electronic communications to the Committee. See Appendix 29 and Appendix 30. Ms. Cates and Mr. Reed explained that the Department is modernizing its unemployment insurance tax and benefits system and requires statutory authority to exchange information and conduct business electronically.

Representative Wilson moved to have the Committee sponsor 17LSO-344-Unemployment insurance-electronic communications. The motion was seconded by Representative Barlow. The motion passed on a roll call vote, all present members voting in favor of the motion. Senator Driskill and Representatives Larsen and Schwartz were absent for the vote, but were excused by the chairmen. The following amendments were adopted by the Committee:

Page 2-line 8  After "received." insert "Except as otherwise required by rules applicable to appeals to the courts of this state, determinations, decisions or notices transmitted by an approved electronic means may be appealed or protested by use of the same means. For the purpose of all relevant time limits established by this article, electronically transmitted information shall be deemed delivered on the date indicated on the acknowledgment required by this section, or if no acknowledgement exists, on the date the electronic delivery is initiated by the party sending the information."

Page 3-line 7  Delete "and decision" insert ", decisions or notices".

Page 3-line 16 Delete and insert "Section 3. This act is effective immediately upon completion of all acts necessary for a bill to become law as provided by Article 4, Section 8 of the Wyoming Constitution.".

No public comment was provided on the bill.

TELEHEALTH AND INSURANCE PARITY
17LSO-272-TELEPHARMACY-AMENDMENTS.

Mary Walker, Executive Director of the Board of Pharmacy, presented 17LSO-272-Telepharmacy-amendments. See Appendix 31. Ms. Walker testified that there is currently one telepharmacy in Wyoming, but the draft bill would help remove some of the barriers that have prevented more telepharmacies from operating in Wyoming. Ms. Walker stated that telepharmacies are held to the same standards as traditional pharmacies, including regulations for dispensing controlled substances.

Representative Baldwin moved to have the Committee sponsor 17LSO-272-Telepharmacy-amendments. The motion was seconded by Cochairman Harvey. The motion passed on a roll call vote, all present members voting in favor of the motion. Senator Driskill and Representative Larsen were absent for the vote, but were excused by the chairmen. The following amendment was adopted by the Committee:

Page 4-line 7  After "telepharmacy" insert "at a frequency specified by the board of pharmacy".
The topic was open to public testimony. Craig Fredrick, Executive Director of the Wyoming Pharmacy Association, testified that while his organization supports the bill, there are some concerns with removing the twenty-five mile limitation, which could be detrimental to access and adversely affect business competition in smaller towns.

**17LSO-273-Telehealth-Insurance Parity.**

Denise Burke, Department of Insurance, stated that due to the uncertain nature of the Affordable Care Act, although the Department is supportive of promoting telehealth, the draft legislation language could be perceived as a state mandate and create significant problems under the Affordable Care Act. See Appendix 32. Representative Schwartz stated that telehealth barriers should be removed and a standard definition for telehealth created.

Wendy Curran, Vice President for Care Delivery with Blue Cross Blue Shield of Wyoming, testified that telehealth is currently covered with few restrictions to ensure the appropriate care is being provided. Ms. Burke testified that the Department of Insurance has had no complaints about telehealth. Ms. Burke indicated that professional licensing boards should be in control over the definition of telemedicine within their disciplines. Dr. James Bush, Department of Health, testified that Medicaid does cover telehealth.

The Committee made no motion to sponsor the bill. There was no public comment on the bill.

**DEPARTMENT OF INSURANCE UPDATES**

Insurance Commissioner Tom Clause, Department of Insurance, provided an update on current enrollment and the health insurance exchange. Commissioner Clause noted that Kevin McCarthy, U.S. House Majority Leader, has sent a letter to all state insurance commissioners and governors seeking input on what a replacement for the Affordable Care Act would look like. See Appendix 33. The Department will respond to the letter and is seeking any input the Committee may provide.

**MEETING RECESS**

The Committee recessed at 5:20 p.m.

**CALL TO ORDER (DECEMBER 14, 2016)**

Cochairman Scott called the meeting to order at 8:35 a.m.

**IMPROVING QUALITY AND ACCESS TO CARE IN MATERNAL AND CHILD HEALTH**

The National Conference of State Legislators (“NCSL”) provided an education session for the Committee about improving quality and access to care in maternal and child health. Martha King, NCSL Health Program Group Director, provided a few opening remarks about the session. Rob Greenwald, Federal Reserve Bank of Minneapolis, presented information about social impact bonds. See Appendix 34 through Appendix 38. Lisa Waugh, NCSL Program Principal, and Karen Lyons, Pew-MacArthur Results First Technical Assistance and Tool Development Manager, presented information about evidence-based policy making. See Appendix 39 through Appendix 43. Finally, John Hill, National Alliance for Medicaid in Education Executive Director, presented information about opportunities for Medicaid coverage of school based services for children and youth with special health care needs. See Appendix 44 and Appendix 45.

Due to copyright, some of the materials included in the NSCL packet provided to the Committee are only available upon request.
GENERAL PUBLIC COMMENT
There was no further public comment.

MEETING ADJOURNMENT
There being no further business, Cochairman Scott adjourned the meeting at 11:30 a.m.

Respectfully submitted,

__________________________
Representative Elaine Harvey, Cochairman
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